Annex 2: Evaluation matrix

Criteria and definitions	Evaluation Questions	Evaluation objectives	Indicators (or attributes of MSF DRTB intervention)	Collection methods and data sources	Data collection tools
This part of the evaluation focus on Relevance. *Relevance is defined* as"the quality of DRTB intervention, including its design and delivery were aligned to the respective stakeholder needs, policies, and priorities; and measure and report on the sensitivity of the response to the demographics across implementation geography."	1.1. What needs did the intervention aimto address and how were they identifiedand selected?	This part of the aims to answer the following overarching question: EQ 1: How relevant has the MSF DRTB Intervention inBagdad been?	A- Relevance to TB National strategic plan (including the core plan, budget, monitoring and evaluation plan, the operational plan, and specifications of the technical assistance needed).B- Relevance to gaps identified in policy and activities. C- Budget proposals developed and submitted. D - The level of, and trends in, DR-TB disease burden (incidence, prevalence, mortality) using available surveillance, survey, programmatic andother data. E - Evidence of a population-based needs assessment.	Key informants (stakeholders mainly) Projects documents and National TB Program documents WHO reports and documents	Interviews Document review
	1.2. Did the intervention respond to the expressed needs and demands of the different stakeholders?		A – Level of development and implementation of the interventions specified in the national program's policies. B- Relevance to gaps identified in policy and activities. C - Adequacy and alignment of the structures, models, systems, and mechanisms to identified needs. D - Extent to which organizational goals and objectives are aligned across care sectors.	Key informants (MSF and stakeholders) Projects documents National TB Programdocuments	Interviews Document review
	1.3. Were there other TB or DRTB related needs that could have been addressed by the MSF intervention?		A - Appraisal of DRTB intervention design(comprehensiveness and integration).	Projects & TB Program documents Similar Project documentation	Document review

This part of the evaluation focus on Appropriateness. Appropriateness is defined as "*evidence that the DRTB intervention measure and report on the sensitivity of the intervention to the demographics across implementation geography.*"	2.1. Do the intervention objectives correspondto the identified needs?	This part of the aims to answer the following overarching question: EQ 2: To what extent has the DRTB Intervention inBaghdad been appropriate to the TB needs and Iraqi context?	A – Adequacy and alignment of MSF guidelines and standard operating procedures developed to implement the national policy. B - Structure of the project to implement DRTB intervention. C – Services delivery models including TB and DR-TB facility and laboratory network, and the procedures used to diagnose and treat TB and DR-TB. D - Information system used in the project's network. E - Types of collaboration and methods of coordination with partners. F - Extent to which organizational goals andobjectives are aligned across care sectors.	Key informants Projects documents National TB Programdocuments	Interviews Document review Design mapping& review workshop
	2.2. Was the MSF overall strategy appropriate in orderto achieve its objectives?		A - Validity of theory of change or change model to implement the DRTB intervention. B - Trends in DR-TB disease burden indicators areplausibly related to changes in DR-TB-specific interventions considering external factors including economic or demographic trends.	Projects & TB Program documents WHO reports Key informants	Document review Design mapping & review workshop
	2.3. To what extent was the intervention appropriate accordingto the main stakeholders?		A - Perceptions of main stakeholders about the design, implementation, and results of DRTB intervention.	Key informants	Interviews
	2.4. Did the strategy take into consideration changesin the environment in a timely manner?		A - Suitability of modifications and changes adopted through the implementation life cycle (measured by changes in service outputs and outcomes).	Projects documents National TB Programdocuments Key informants	Document review Interviews Design mapping& review workshop

	2.5. What amendment may have been necessaryto better embed the DRTB intervention in this specific context?		A - Appraisal of DRTB intervention design(comprehensiveness and integration). DRTB intervention in comparison to best practices.	Projects documents National TB Programdocuments Similar projects	Document review Design mapping& review workshop
This part of the evaluation focus on Connectedness. Connectedness is defined as "evidence that the *implementation of DRTB intervention measure and report on the compatibility of theintervention with otherinterventions across the implementation geographies and the degree to which thedesigns and implementation attained internal coherence.* *In addition, there is evidence indicating*	3.1. What local capacities and resources were identified? How did the project connect with these?	This part of the aims to answer the following overarching question: How connected hasthe MSF DRTB intervention been in the context?	A - Structure of the national TB programme (for example, information about activities at the central level, intermediate level, primary health-care level, community level). B – National TB and DR-TB laboratory network and the procedures used to diagnose TB and DR-TB. C - Information system used in the program's network (including information on the registers forms and list of indicators used routinely). D - Training and capacity building modalities. E - Data quality through the national systems. F - National DR-TB surveillance and vital registration systems, (measuring the level of and trends of disease burden).	Key informants Projects documents and reports National TB Program documents	Interviews (See the annexes) Document review
	3.2. To what extent was the MSF way of working effective in attracting and working with different partners as amean to achieve objectives?		A - Degree of integration within the health system and across sector. B - Roles of the various partners involved in control activities. C - Types of collaboration and methods of coordination with partners.	Key informants Projects documents and National TB Program documents	Interviews (See the annexes) Document review

that the intervention is delivering, deliver or is likely to deliver results in an economic and timely way."	3.3. To what extent was the intervention embedded in the localhealth system, overallnational strategy and building on existing capacity?		A - Coordinated transitions in care across services. B - Continuity of shared programs across sectors/services. C - Existence of interagency agreements, service delivery team coalitions. D - Governance model that includes representation of communities served. E - Integration within care teams and across care sectors.	Key informants Projects documents National TB Program documents	Interviews Document review
	3.4. What problems can be identified for the continuity of the intervention objectives, and how have they been takenin consideration by MSF?		A – Review of objectives for compliance in the phase of project noise B – Continuum of objective-driven processes C - Stakeholder communication of change D – Anticipated impact on project beneficiaries and resultant outcome	Key Informants Project Reports	Interviews
This part of the evaluation focus on Effectiveness. Effectiveness is definedas "*DRTB intervention is well implemented and adapted as needed. There is evidence on the extent to which the intervention is achieving, or is expected to achieve its objectives, results; including any differential results across groups.*"	4.1. To what extent have the expected objectives been achieved?	This part of the aims to answer the following overarching question: To what extent has the DRTB intervention been effective in achieving itsobjectives?	1 - Health facilities providing DR-TB diagnostic andtreatment services compared to population. 2 - Performance of active case finding- if any in place (number of cases screened and detected byeach mechanism). 3 - Number of people investigated for presumptive DR-TB (if available data are reliable). 4 - Proportion of TB patients with results for DST for isoniazid and rifampicin. 5 - Proportion of confirmed cases of DR-TB among TB patients with specimens tested for susceptibility to isoniazid and rifampicin. 6 - Proportion of confirmed cases of DR-TB with specimens tested for susceptibility to a fluoroquinolone and second-line injectable anti-TB agents. 7 - Any quantitative data on diagnostic delays	Projects documents National TB Programdocuments WHO reports and documents	Document review

			8 - Proportion of DR-TB cases (presumptive or confirmed) enrolled in treatment for DR-TB. 9 - DR-TB treatment coverage (comparing numbers detected and treated with the estimated number of cases among notified TB patients and describing the size of waiting lists), and treatment outcomes among DR-TB patients. 10 - Proportion of pulmonary DR-TB cases on atreatment regimen with negative culture by 6 months. Proportion of patients that have no treatment alternatives for DR-TB and receive end-of-life care. 11 - Proportion of DR-TB cases on a treatment regimen who died by the end of month 6 of treatment. 12 Proportion of DR-TB cases on a treatment regimen for DR-TB who were lost to follow-up by month 6 of treatment. 13 – TB and DRTB case notification systems. 14 - Trends in DR-TB disease burden indicators are plausibly related to changes in DR-TB-specificinterventions considering external factors including economic or demographic trends. 15 - Quality of care in DR-TB, including within the areas of patient-centeredness, safety, effectiveness, and equity. 16 - Types of collaboration and methods of coordination with partners.		
	4.2. What were the main enabling and challenging factors for achievement and non achievements of objectives?		A - Strengths, weakness, opportunities, and threats to the intervention. B - Budget allocated and resources mobilized.	Key informants Projects documents National TB Program documents	Interviews Document review

	4.3. How did the project respond to the identified challenges?		A - Types of collaboration and methods of coordination with partners. B - Problem solving approach adopted by the project management.	Key informants Projects documents National TB Program documents	Interviews Document review
	4.4. Did the MSF intervention create any unintended effect?		A - Documented outputs or outcomes that are notwithin the scope of the ToC.	Key informants Projects documents	Interviews Document review
	4.5. What could have been done to make the intervention more effective?		A - DRTB intervention in comparison to best practices.	Projects documents Similar projects documentations	Evaluation analysis workshop.
This part of the evaluation focus on Efficiency. Efficiency is defined as "*measure of how resources and inputs (funds, expertise, time, etc.) are converted to results within the scope of this evaluation. Given the nature of theproject, the evaluation judgment applied to the input-output link inthe causal chain of the project. The evaluationassessed project outputs measures –*	5. 1. To what extent have resources (financial, human, institutional and technical) been allocated strategically? **5.2.** To what extent did the coordination with other MSF projects in Iraq has reduced the transaction costs, optimized results andavoid duplication? **5.3.** Did the project's activities overlap andduplicate with other similar interventions? **5.4.** Was the project	5. How well and efficient is the MSF DRTB intervention being implemented and adapted as needed?	A- Evidence on value for money gained becauseof the close coordination and emergence of efficient utilization of resources. B- Perceptions of stakeholders about the strengths, weaknesses, opportunities and threats of the project. C- Planned and actual level of human resources available. D- Project milestones in time E- Planned results affected by delays.	Key informants Projects documents National TB Program documents	Interviews Document review

qualitative and quantitative – and indicates favorable outcomes and progresscompared to suitable benchmarks and standards."	implementation approach efficient fordelivering the planned project results? **5.5.** Was the project implementation delayed? If so, has that affected cost-effectiveness?				